

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CLUB FOR GROWTH ACTION			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00487470 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on				
Full Name of Payee Club for Growth			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 03 / 25 / 2014</div> </div>	
Mailing Address 2001 L St., NW, Ste. 600			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">43.87</div>	
City State Zip Code Washington DC 20036		Transaction ID : SE.44276 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 03 / 25 / 2014</div> </div>		
Purpose of Expenditure tv ad costs (from advance line 21)		Category/Type		
Name of Federal Candidate MICHAEL K SIMPSON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate			<input checked="" type="checkbox"/> House District: 02 State: ID	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">202209.49</div>	
Disbursement For:			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name of Payee Club for Growth			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 03 / 25 / 2014</div> </div>	
Mailing Address 2001 L St., NW, Ste. 600			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">79.56</div>	
City State Zip Code Washington DC 20036		Transaction ID : SE.44278 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 03 / 25 / 2014</div> </div>		
Purpose of Expenditure radio ad production costs (from advance line 21)		Category/Type		
Name of Federal Candidate MICHAEL K SIMPSON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate			<input checked="" type="checkbox"/> House District: 02 State: ID	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">202289.05</div>	
Disbursement For:			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">123.43</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Chris Chocola

Signature

[Electronically Filed]

Date

MM / DD / YYYY
03 / 27 / 2014